

FILED OCT 11 1947

Registration District No. **749**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **KCTB HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Mo - 6 days**
(Specify whether years, months or days)
In this community **65 years**

3. (a) PRINT

FULL NAME **SULLIVAN, EDWARD J**

3. (b) If veteran,

name war **no**

3. (c) Social Security

No **500-14-2507**

4. Sex **M**

5. Color or

race **WHITE**

6. (a) Single, widowed, married,

divorced **W**

6. (b) Name of husband or wife

unknown

6. (c) Age of husband or wife if

alive **13** years

7. Birth date of deceased

NOV

(Month)

13

(Day)

1881

(Year)

8. AGE:

Years

Months

Days

If less than one day

65

10

19

hr.

min.

9. Birthplace

INDEPENDENCE

(City, town, or county)

MISSOURI

(State or foreign country)

10. Usual occupation

NONE

11. Industry or business

MOTHER FATHER

12. Name

GERRY SULLIVAN

13. Birthplace

IRELAND

4

14. Maiden name

BRIDGET MCCANNON

15. Birthplace

IRELAND

1

16. (a) Informant

KCTB HOSPITAL

(b) Address

Beards, MISSOURI

17. (a)

(Burial, cremation) or removal

(b) Date thereof

10-4-47

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) **10-4-47**

(Date received local registrar)

(b) **Geraldine Holmes**

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **1195 HARMOUTH**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **2nd**
year **1947** hour **10:48** minute **P.M.**

21. I hereby certify that I attended the deceased from **6-26**, 1947, to **10-2**, 1947

that I last saw h. alive on **10-2**

and that death occurred on the date and hour stated above.

Immediate cause of death **PUL. T.B.**

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

(e) Means of injury

23. Signature

H. C. Offner (M. D. or other)

Date signed **10-4-47**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Thomas E. Zwick

Licensed Embalmer No. 3775

P.O. Address A. C. M.D.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.